



# The WIPHL Word

## Wisconsin Initiative to Promote Healthy Lifestyles

September 2008

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### Taking SBIRT Where It's Needed



**Taking SBIRT to Hai Phong, Vietnam: (left) The conference center at a rehabilitation hospital. (above) Co-trainer Paul Seale, MD, leads a session on detox.**

#### Director's Desk

**By Rich Brown, MD, MPH**

For those who have been finding Wisconsin's summer heat a little unbearable, believe me, things could be much worse. Same for those of us who are frustrated at the lack of quantity, quality, and access to alcohol and drug intervention and treatment services for the people of Wisconsin.

I had the good fortune to be invited to direct two trainings last month in Hai Phong, Vietnam. The goal was to teach general healthcare professional faculty how to teach their trainees to identify and assist their patients with alcohol and drug problems. Yes, this is the same Hai Phong that the U.S. bombed extensively only 40 years ago.

The invitation came because of the increasing prevalence of HIV/AIDS in Vietnam, especially Hai Phong, and its spread primarily from intravenous drug users who frequently share needles and have unprotected sexual encounters with multiple partners. About 70% of intravenous drug users in Hai Phong are HIV positive.

In Vietnam, the temperature and humidity were about 95. The air was as stifling as the stigma and lack of help for alcohol and drug problems.

Until recently, the only addiction therapy available in Vietnam was incarceration, often including emotional and physical abuse. If one year of forced abstinence and misery were ineffective, two years were imposed. English-speaking AA groups in Hanoi and Ho Chi Minh City (formerly Saigon) serve mainly recovering expatriates. In the past few years, a few excellent, faith-based, Christian residential programs have sprung up, but few Vietnamese are Christian and most are happy with Buddhism. In the past few months, with assistance from American NGOs and consultants, two pilot methadone programs opened in Hai Phong and Ho Chi Minh City. Despite the high prevalence of heroin addiction, enrollment has been slow. It's not clear why; perhaps prospective clients fear incarceration. The bottom line is that a country of 80 million people has almost no help whatsoever for its people with alcohol and drug problems.

To help me train, I was fortunate to recruit Paul Seale, a family physician from Macon, Georgia. Paul and I trained in the same fellowship program in the late 1980s. In Hai Phong, we spent four days with 20 to 30 faculty of the primary and secondary medical schools in Hai Phong. The

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primary medical school trains physicians. The secondary school trains nurses and other healthcare professionals. The Vice Dean of the former and the Dean of the latter stayed for the entire training! Faculty from four of the seven other Vietnam medical schools also attended.

One highlight was a family physician from the Mekong Delta role-playing a rice farmer whose overconsumption of his homemade rice wine was hindering his work in the fields. In appreciation for the doctor’s help with his aching stomach, he brought a bottle of home brew as a gift! Another highlight was the group’s highly favorable reaction to motivational interviewing, which they had never encountered before.

They insisted on squeezing a second demonstration during a session that was devoted to curriculum design. All the participants were such enthusiastic and appreciative learners. The staff was so hospitable and kind. Outside of the training, many complete strangers on the streets were so warm and friendly, often giggling when I returned their English hellos.

Several of the participants promised that they would help Vietnam catch up to the U.S. in screening, intervention, referral, and treatment services. I hope so. In fact, I hope they can do better.

**Mayor Tom Barrett at Statewide Meeting!**

More information on page 6.

**Health Educator Update**

# September—Time to Learn Something New!

**By Laura Saunders**

With Labor Day behind us, Wisconsin public schools are back in session. We parents are breathing a sigh of relief! But there’s a feeling, even for those of us who are not parents or not in school ourselves, that one should learn something new, with a new notebook and sharp pencils in hand.

The WIPHL health educators will be doing just that at the end of this month. Most of the health educators will be convening in Milwaukee **September 29–October 1** for a workshop on serving adolescents. We will explore their experiences with adolescents, their expectations and

their knowledge. Scott Caldwell, one of the trainers, will share what he knows about the adolescent brain and the unique effects that alcohol and drugs have on the teen brain. The HEs will be given ample opportunity to practice the adolescent protocols in role plays and with teenage simulated patients. As with our adult patients, there will be an emphasis on using motivationally adherent techniques, so those will be reviewed as well.

I’ll be eager to learn about serving adolescents alongside the health educators—I’ll even bring enough No. 2 pencils for all!



## An Array of Cultural Competence Offerings

*By Harold Gates*

In recent weeks we have seen the Olympics take place in Beijing and the two major parties' political conventions. Life is not the same after any one of these events. We here at the WIPHL Coordinating Center are experiencing a similar feeling with the stepping down of our project manager, Lilly Irvin-Vitela.

Lilly has been a great friend and co-chair of the Cultural Competency Committee since its inception in March 2007. Her knowledge as a leader and as someone who utilizes cultural competence in her professional and personal life has been evident on the committee and throughout the organization. Changes are underway and we will indeed be experiencing a major transition whether at WIPHL or the national/international level. We will be looking for a co-chair of the Cultural Competency Committee in the near future. It would be great to have a clinic champion, leader, or staff person join us in taking our committee and organization to the "next level" of cultural competence and help us move further along the Cultural Competence continuum. The next Cultural Competency teleconference takes place on October 17 from noon-1 p.m. Please join us for updates and dialogue on issues relevant to WIPHL and our participating clinics.

There are a number of efforts underway that are moving us in that direction. At the health educators' retreat in July we experienced an excellent training delivered by Shiva Bidar-Sielaff, Director of Community Partnerships at the University of Wisconsin Hospital and Clinics. She demonstrated the use of translation and interpreting technology with the assistance of Pacific Interpreters, which has been contracted by WIPHL to provide this valuable service to our patients whose first language is not English. The presentation was well received. We have also been in the process of following up on some of the items deemed important by our health educators and a part of our Cultural Competency Committee work plan for 2008/2009. This involves securing speakers for our HE teleconferences who specifically address acquisition of knowledge regarding diverse patient populations.

We had David Macmaster, who is currently a managing consultant with the Wisconsin Nicotine Treatment Integration Project (WIN-TIP), UW Center for Tobacco Research and Intervention, as part of our July HE teleconference. David shared his insight into white male AODA use and abuse as part of Wisconsin culture. Our August HE teleconference featured Earl German, assistant program coordinator, Prevention and Intervention Center for Alcohol and Other Drug Abuse (PICADA) and Family Services. He administers the older adult program, which case manages the AODA and gambling problems of older adults. He will share his expertise on this population and how WIPHL can continue to improve services to them. In September, we will start of a series of HE calls related to the Department of Corrections and how WIPHL can serve the needs of this population—and how HEs manage services and systems that serve them. Dan Nevers, a former probation and parole supervisor and clinical professor with the UW–Madison School of Social Work, will lead this presentation. He will share an overview of the system and how this population might best be approached. He will also share his knowledge of emerging trends in the criminal justice arena.

We will also be updating our knowledge at a breakout session at the upcoming WIPHL biannual statewide meeting in Milwaukee. In October, Patricia Parker, consultant and child welfare specialist at the UW–Milwaukee School of Social Work, will share her insight to increase our cultural knowledge of African American families and their AODA use and abuse and what WIPHL might do to serve this underserved group.

As you can see, there are a number of things taking place or in the planning stages that will help to increase the practical application of cultural competence of our staff and project. Stay tuned for further developments and updates on resources and training opportunities. As always, if you have questions or need technical assistance, you can reach me at (608) 265-4032 or by e-mail at [Harold.Gates@fammed.wisc.edu](mailto:Harold.Gates@fammed.wisc.edu).

## Counties Impressive in Securing Access to Treatment

By Mia Croyle

Referrals continued to be on the upswing in August. I am continually impressed with the creativity and persistence of our county treatment partners. They are faced with the difficult task of stretching limited budgets to meet the AODA treatment needs of their counties. As financial belts are tightening everywhere, counties are often caught right in the middle of great need and limited resources. It is gratifying to be able to partner with counties across the state and utilize SBIRT treatment funds, when appropriate, as another resource to help counties meet the needs of at least some of their residents.

Other news from the state and county partnership front is that the Year 3 SBIRT contracts between DHS and counties where our WIPHL patients will seek treatment have gone out. An exciting addition to these contracts is language that offers counties specific guidance about getting SBIRT patients expeditious access to treatment. This has the potential for a great impact for our patients who are ready to enter treatment and who often, without these guidelines from DHS, might face long waitlists until a treatment spot becomes available.

On September 11, WIPHL, in collaboration with Strengthening Treatment Access Retention-State Implementation (STAR-SI), offered our county partners an exciting opportunity for learning and strategizing. STAR-SI is a three-year quality improvement program aimed at helping AODA treatment providers learn tools and techniques that can improve access to and retention in AODA treatment services. Our two programs partnered to bring together county leaders in the provision of substance abuse treatment services to discuss the business case for open access to substance abuse treatment in the state of Wisconsin. This innovative approach to improving access to treatment across our state holds great promise, and I'm glad that WIPHL could be part of getting county leaders involved.

### In the month of August, we had:

10 new referrals to treatment (bringing our total to date to 145)

10 patients enter treatment (bringing our total to date to 52)

## Sign Up Now for Oct. 28 Talk on WIPHL for Adolescents

Our *WIPHL Speaker Series* continues with another presentation on delivering SBIRT services to adolescents, this one intended to answer any questions that arise on this subject after our health educators' extensive retreat training. Presenter Scott Caldwell, MA, CSAC., who has been so instrumental in developing WIPHL's adolescent protocol, will give the "teen SBIRT basics" for those who are unfamiliar with the subject and leave more than the usual amount of time for participant Q&A. Whatever you knew before joining this discussion, you will walk away knowing more.

**When:** Tuesday, October 28, noon to 1 p.m. NOTE: This presentation is not on our usual Thursday!

**Where:** At your desk! (Free teleconference, with PowerPoint slides and other materials to be made available beforehand.)

**How to register:** Go to Wisline registration: <http://www.uwex.edu/ics/wlreg/wlwelcome.cfm>. If you do not already have an account, you will be guided through steps to create one. If you have any registration questions or problems, please contact Wisline at 608/262-0753 or e-mail [wislineaudio@ics.uwex.edu](mailto:wislineaudio@ics.uwex.edu). For any other questions, please e-mail [info@wiphl.org](mailto:info@wiphl.org).

**Please sign up at your earliest convenience—waiting until the last minute can result in event cancellation or unnecessary charges to us.**



## WIPHL People: Farewell, Lilly!

This month finds us saying goodbye to WIPHL project manager Lilly Irvin-Vitela, who has taken a position as executive director of the nonprofit Supporting Families Together Association. Clinical director Rich Brown has described Lilly as being “the face and the glue” of this initiative—and, of course, her colleagues at the coordinating center, our health educators, partnering clinic staff members, and the many other organizations and individuals involved

in WIPHL know how true that is. We will miss her dearly and wish her the very best of luck in her new position.

In the meantime, we have begun the search to hire a new project manager. We will keep you posted on developments as that search progresses.

## New Booklet Makes Case for WIPHL

Much of our work over the next few years will involve making the case for WIPHL as an essential public health program for our state. A number of stakeholder groups—health insurance providers and purchasers, employers, policymakers, health care professionals and their organizations—will need to get on board to help us do that. We have created a new publication to help us make the case. It is now posted in pdf format on our website at <http://www.wiphl.com/news/index.php> (the first page of the News section), and we will bring plenty of copies to our statewide meeting.

**Please read it and think about how you and your clinic or organization can put it to good use!** We hope that anyone reading it who is involved with WIPHL will feel an affirmed sense of pride in this project.

One item in the booklet is particularly worth highlighting. On page 11, you will find a statement of support for SBIRT services that seven leading organizations have formally signed—the Wisconsin Medical Society, Wisconsin Manufacturers & Commerce, the Wisconsin Hospital Association, the Wisconsin Primary Health Care Association, the Wisconsin Association on Alcohol and Other Drug Abuse, the Menominee Indian Tribe of Wisconsin, and the Addiction Resources Council, Inc. We want to sign on as many groups as possible. We will maintain a current list on our website in the Policy/Action section and periodically publish an updated list as an insert to our booklet. We are seeking formal permission from WIPHL-participating clinics to add their clinic names. If you know of any other groups that might be interested, please contact WIPHL communication specialist Joan Fischer at [joan.fischer@fammed.wisc.edu](mailto:joan.fischer@fammed.wisc.edu).



## Mayor Tom Barrett to Speak at Oct. 2 Dinner



We have some distinguished speakers lined up for the Oct. 2 dinner at the WIPHL statewide meeting in Milwaukee: Mayor Tom Barrett, Commissioner of Health Bevan Baker, and District Attorney John Chisholm will discuss the benefits of SBIRT. WIPHL is being implemented at six clinics in greater Milwaukee and has delivered brief interventions to more than 1,500 people.

You can still register for the statewide meeting, which takes place Oct. 2–3 at the Doubletree Hotel (611 W. Wisconsin Ave.). WIPHL will reimburse at the state rate for single occupancy rooms and will assist in getting a room. Please contact Chanda Belcher at [chanda.belcher@uwmf.wisc.edu](mailto:chanda.belcher@uwmf.wisc.edu), (608) 263-4573.

**Who Should Attend:** Health Educators, Clinic Champions, Clinic Managers, Clinic QI Coordinators and Implementation Team Members WIPHL will pay for four people from each clinic team to attend the statewide meeting.

**Highlights:** Besides the Oct. 2 dinner, speakers include Dean Krahn, MD, a nationally renowned expert on addiction and the brain, and John R. Knight, MD, a nationally renowned expert on SBIRT services for adolescents.

## Our Congratulations ...

Family Health/La Clinica, our WIPHL partner clinic in Wautoma, just celebrated its 35th anniversary. We congratulate Family Health/La Clinica on so many years of superb and much-needed service.

And Tellurian/UCAN, Inc., parent of the Teresa McGovern Center, last month won an award for its Alcohol Smart Program at the 34th Annual Governor's Conference on Highway Safety. Alcohol Smart is an educational program designed to teach people how to drink responsibly. The program takes a nonjudgmental approach and focuses on increasing awareness and knowledge about alcohol through a curriculum based on behavioral skill training and motivational enhancement.



## Month End Data

August 1, 2008—September 14, 2008

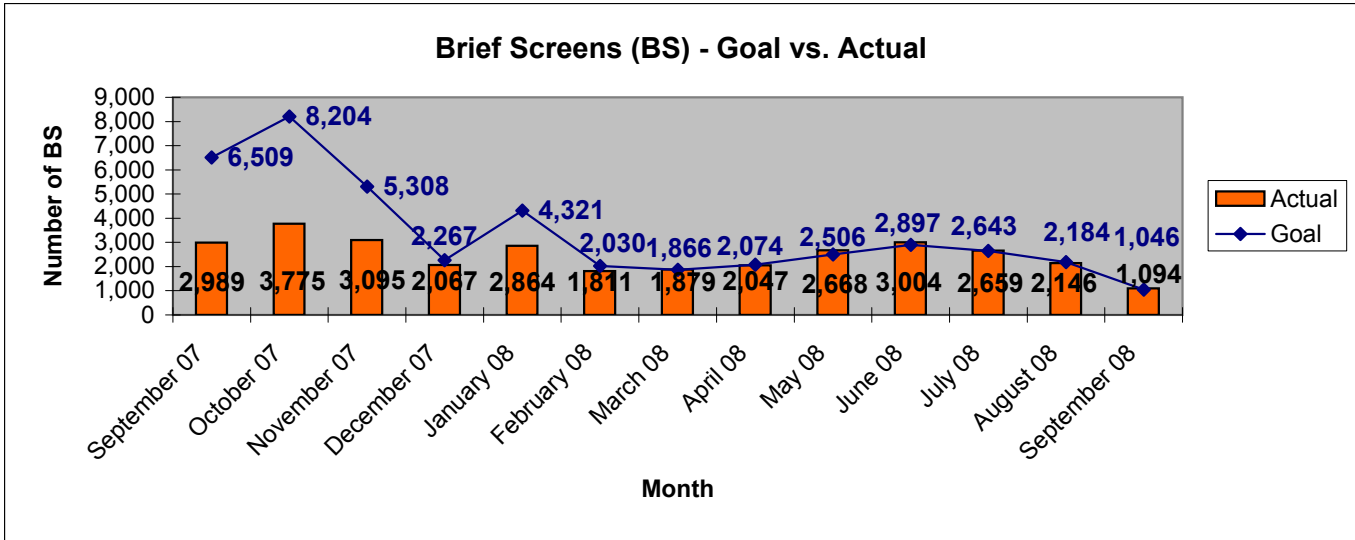
Clinics	Eligible for BS*	Completed BS	% BS Completed	Positive BS	% Positive BS	Completed FS	% FS Completed
<b>Wave 1</b>							
Augusta	123	91	74%	25	27%	0	0%
Eau Claire	453	318	70%	144	45%	5	3%
Northeast	490	381	78%	134	35%	96	72%
Polk County	94	87	93%	43	49%	29	67%
St. Joseph's	165	132	80%	50	38%	35	70%
<i>Totals</i>	<i>1,325</i>	<i>1,009</i>	<i>76%</i>	<i>396</i>	<i>39%</i>	<i>165</i>	<i>42%</i>
<b>Wave 2</b>							
Amery	119	113	95%	43	38%	27	63%
FamHlt/LaCl. (0.5 FTE)	166	166	100%	40	24%	30	75%
Menominee	466	324	70%	57	18%	50	88%
<i>Totals</i>	<i>751</i>	<i>603</i>	<i>80%</i>	<i>140</i>	<i>23%</i>	<i>107</i>	<i>76%</i>
<b>Wave 3</b>							
Mercy Clinic South	247	228	92%	78	34%	24	31%
Waukesha	348	169	49%	53	31%	26	49%
<i>Totals</i>	<i>595</i>	<i>397</i>	<i>67%</i>	<i>131</i>	<i>33%</i>	<i>50</i>	<i>38%</i>
<b>Wave 4</b>							
Minocqua	327	240	73%	100	42%	37	37%
St. Luke's	243	184	76%	54	29%	52	96%
<i>Totals</i>	<i>570</i>	<i>424</i>	<i>74%</i>	<i>154</i>	<i>36%</i>	<i>89</i>	<i>58%</i>
<b>Wave 5</b>							
Family Care Center	140	130	93%	40	31%	38	95%
Mayfair (0.5 FTE)	711	569	80%	134	24%	21	16%
Milwaukee Health Services (0.2 FTE)	71	57	80%	31	54%	12	39%
Scenic Bluffs (0.2 FTE)	31	29	94%	7	24%	3	43%
St Croix Tribal Clinic (0.5 FTE)	112	22	20%	9	41%	9	100%
<i>Totals</i>	<i>1,065</i>	<i>807</i>	<i>76%</i>	<i>221</i>	<i>27%</i>	<i>83</i>	<i>38%</i>
<b>Grand Totals</b>	<b>4,306</b>	<b>3,240</b>	<b>75%</b>	<b>1,042</b>	<b>32%</b>	<b>494</b>	<b>47%</b>

\*Eligibility varies by clinic

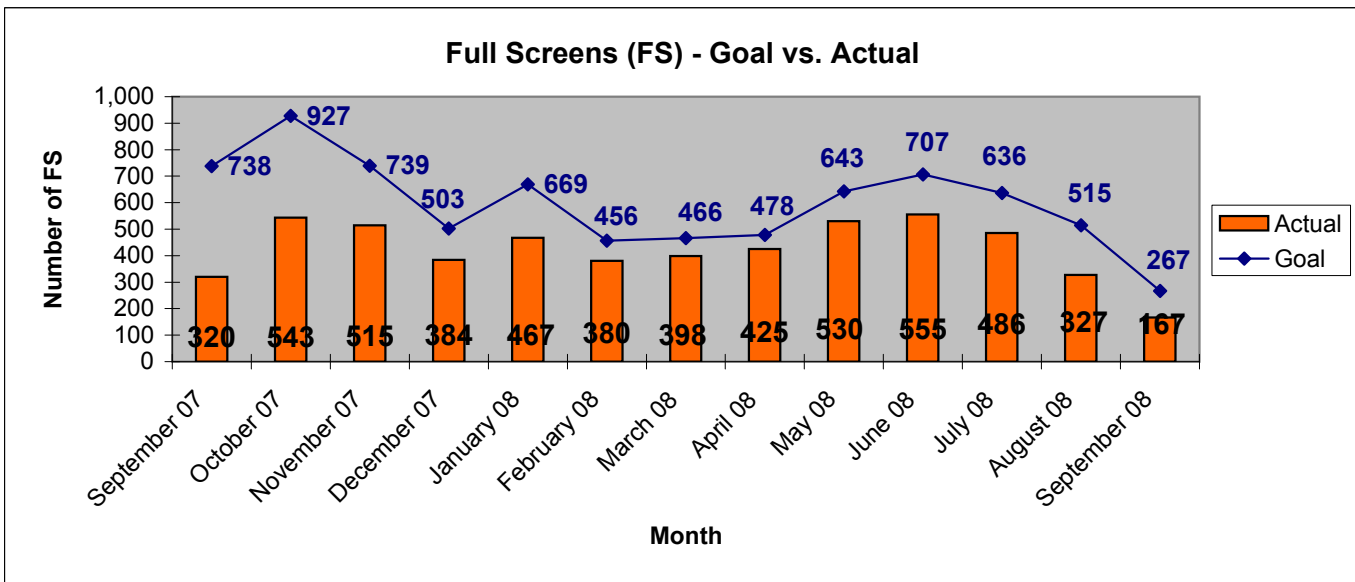
Data on this page and the next page collected by Jessica Wipperfurth

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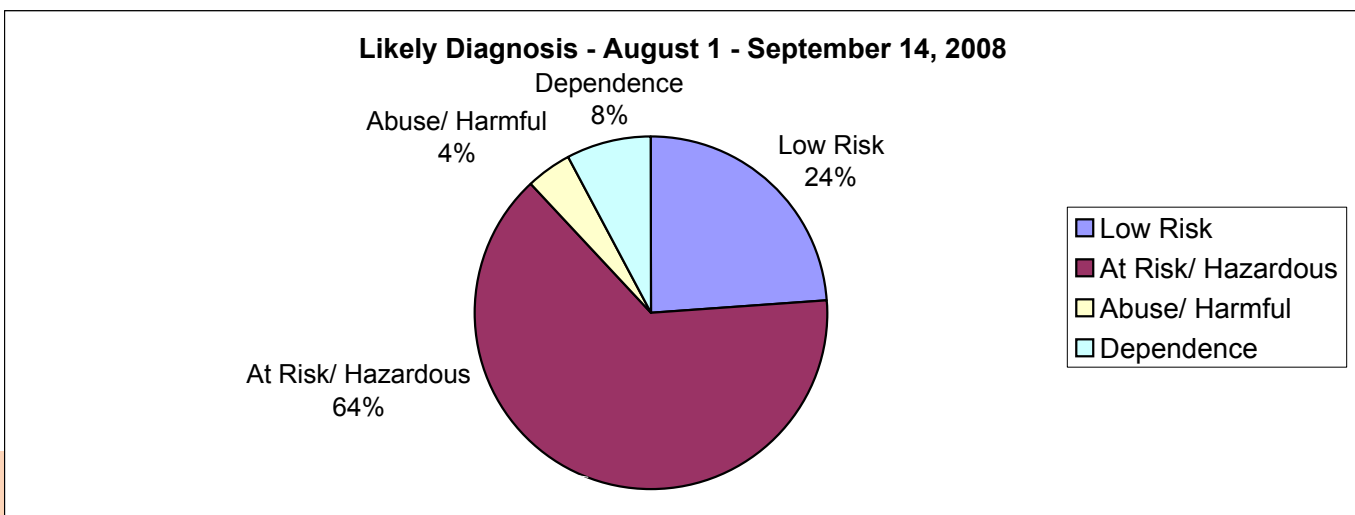
## Year to Date Data



Number of brief screens completed  
Brief screen 75% of eligible patients



Number of full screens completed  
Year 2 (September 07 - September 08): Full screen 75% of patients who brief screen positive





# Calendar

## September 23

Health Educator's Meeting, Group 1, 12 p.m.–1 p.m.

## September 24

Health Educator's Meeting, Group 2, 9 a.m.–10 a.m.

Health Educator's Meeting, Group 3, 12 p.m.–1 p.m.

## September 25

Governor's Policy Subcommittee Meeting, Billing and Reimbursement, noon–1 p.m.

# The Last Word

## The value of prescription drugs

*From a clinic in southwestern Wisconsin*

A WIPHL health educator has observed the effectiveness of pharmacotherapy since two physicians at her clinic became certified to prescribe buprenorphine to help opioid users break their dependency. The drugs abused by these patients are not primarily illicit street drugs but such prescription medications as Vicodin, OxyContin, and Percocet, the health educator says.

The health educator has seen 8 to 10 patients who received buprenorphine benefit enormously over the past few months. "It helps them get control of their addiction and their lives again," the health educator says. "The thing they most often say is, 'I feel normal again, the way I did before I went on opioids.'"

**The WIPHL Word** is the monthly newsletter of WIPHL, the Wisconsin Initiative to Promote Healthy Lifestyles, an SBIRT program funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), administered by the Wisconsin Department of Health Services (DHS), and coordinated by the University of Wisconsin School of Medicine and Public Health's Department of Family Medicine. Readers are encouraged to send suggestions and submissions to editor Joan Fischer at [Joan.Fischer@fammed.wisc.edu](mailto:Joan.Fischer@fammed.wisc.edu).